

9/21/09
7

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

September 2, 2009

The Acton Beacon:
Atten: Barbara

Please place the following Legal **Notice** in the Thursday, September 10 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Mr. Hong An
5 Reeves Street
Acton, MA 01720
(978-369-8806)

Very truly yours,

Christine M. Joyce
Town Manager's Office

Please confirm receipt to: Christine cjoyce@acton-ma.gov

Town of Acton
Notice of Hearing

1 The Board of Selectmen of the Town of Acton will hold a public hearing in the Francis Faulkner Room in the Town Hall on September 21, 2009, at 8:30 p.m. under Section 140 of the Mass General Laws on the application of Spicepepper Garden, for a Common Victualler License at 36 Great Road, Acton, MA 01720

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

Town of Acton
Notice of Hearing

2 Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on September 21, 2009 at 8:35 p.m. on the application of Spicepepper Garden, Hong An, Manager, for an All Alcoholic Restaurant License at 36 Great Road, Acton, MA 01720.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

September 2, 2009

Mr. Hon An
5 Reeve Street
Acton, MA 01720

Dear Mr. An:

Enclosed please find a copy of advertisements to appear in the Acton Beacon on Thursday, September 10, 2009, at your expense.

The ABCC requires the time and date of such hearing for a New All Alcoholic Liquor license be placed in the local newspaper, and that you notify abutters. Your hearing is scheduled for September 21, 2009 8:30 p.m. and 8:35 p.m. in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 264-9612.

Very truly yours,

Christine M. Joyce
Town Manager's Office

cc: File
{blankabc.Doc.}



The Commonwealth of Massachusetts
The Alcoholic Beverages Control Commission
239 Causeway Street, Suite 200
Boston, MA 02114

Telephone: 617- 727-3040
FAX: 617- 727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☒ A. NEW LICENSE APPLICANT
- ☐ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- ☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME HONG An
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Hong An
3. SOCIAL SECURITY NUMBER 479 17 4693
4. HOME (STREET) ADDRESS 5 Reeve St Acton MA 01720
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # 978 635 1732 HOME# 978 635 1732
6. PLACE OF BIRTH: Chengdu, China
Aug 13, 1960
7. DATE OF BIRTH: Aug 13, 1960
8. REGISTERED VOTER: ☒ YES ☐ NO
- 8A. WHERE?: Acton
9. ARE YOU A U. S. CITIZEN: ☒ YES ☐ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): Dist of Connecticut.
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Yimin An 12. MOTHER'S MAIDEN NAME: Xiulan Huang
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
____ YES ☒ NO (MUST CHECK EITHER YES OR NO)
- IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ____ YES ☒ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ____ YES ☒ NO
IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):
Aug 1999 - Dec 2003 millipore, 290 Concord Rd Billerica, MA.
978-715-4321 01821
17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 70 hr.
18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- BY: J. Ma Aug 17, 2009
PROPOSED MANAGER SIGNATURE DATE

9. If the Applicant is a Corporation, complete the following:

State of Incorporation:	Date of Incorporation:
Fiscal Year Ends:	Date qualified to do business in MA:

9a. How many Shares of Stock are authorized? _____ How many Shares of Stock are issued? _____

Provide in the box below the names of all Officers, Directors, Stockholders and Manager.

Use * to indicate Director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of Stock Owned or Controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the Applicant is a Corporation, answer the following questions:

1. Are the Majority of Directors United States Citizens? ☐ Yes ☐ No
2. Are the Majority of Directors Citizens of Massachusetts? ☐ Yes ☐ No
3. Is the Manager or Principal Representative a U.S. Citizen? ☐ Yes ☐ No

10. If the Applicant is an Association, provide in the box below the names of all Association Officers and Members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license? ☒ Yes ☐ No

(If yes, complete a, b, c, and d)

- a. Give an exact description of the construction, remodeling, redecorating or building on the premises: siding, windows
Floor. Kitchen equipment, bar remodel, bathroom remodel. outside ceiling
landscape, lighting
- b. What are the estimated costs? \$90,000 -
- c. What is the construction schedule? Sept - Oct - 2009
- d. State all sources of construction financing: owners cash.

12. Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

- ☐ As an individual ☐ Jointly _____ Name of Realty Trust _____
- _____ Name of Corporation _____
- ☐ Other _____ (specify)

(If you do not own the premises to be licensed, provide the following information about the Owner.)

Name: <u>Chik Yan lung</u>	Phone Number: <u>(617) 997-2037</u>
Address: <u>178 Lakeshore Rd Apt 4, Brighton, MA 02135</u>	

12a. If a lease or rental, provide the following information: \$7000 per month
(month, year, etc.)

Beginning Date of Lease 7/22/09 Ending Date of Lease 7/31/2019
(provide a copy of the lease.)

FINANCIAL

13. What Assets were purchased and cost?

Equipment: \$30,000.00	Furniture: \$2000.00	Goodwill: \$
Inventory: \$10,000.00	License: \$1000.00	Premise: \$

13a.

Total Purchase Price: \$34,000.00

Identify in the box below all sources of financing:

13b.

Mortgage: \$	Seller: \$
Cash: \$3500.00	Other (specify): \$

Document all sources e.g., (Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:
(provide purchase and sale documents)

13d. Are you seeking approval for License to be pledged? ☐ Yes ☒ No

If yes, to whom? _____

13e. Will the Inventory be pledged? ☐ Yes ☒ No

If yes, specify to whom _____

13f. If a Corporation, are you seeking approval for any Corporate Stock to be pledged? ☐ Yes ☐ No

If yes, identify to whom and identify the number of shares to be pledged. _____

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	D.O.B.	Phone Number
HONG AN	5 Reeve St Acton MA 01720	8/13/60	73 978 635 1732

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
HONG AN	

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☐ Yes ☒ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☐ Yes ☒ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the License was Terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ Yes ☒ No (If yes, provide the following information):

Date	License	Reason why the License was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☐ Yes ☒ No (If yes, attach a statement of details.)

15. a. Each Individual Applicant must sign.
b. Applications by a Partnership must be signed by a majority of the partners.
c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 2nd day of Sept, 19 2009.

By: Signature of Full Name

Title

J. [Signature]

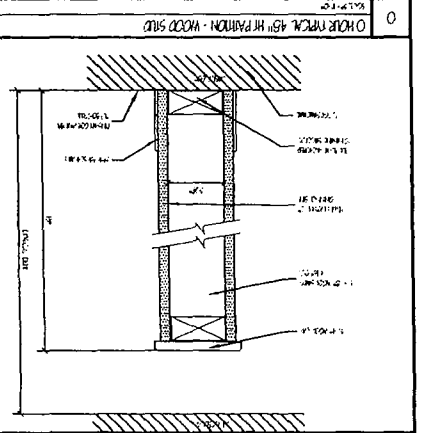
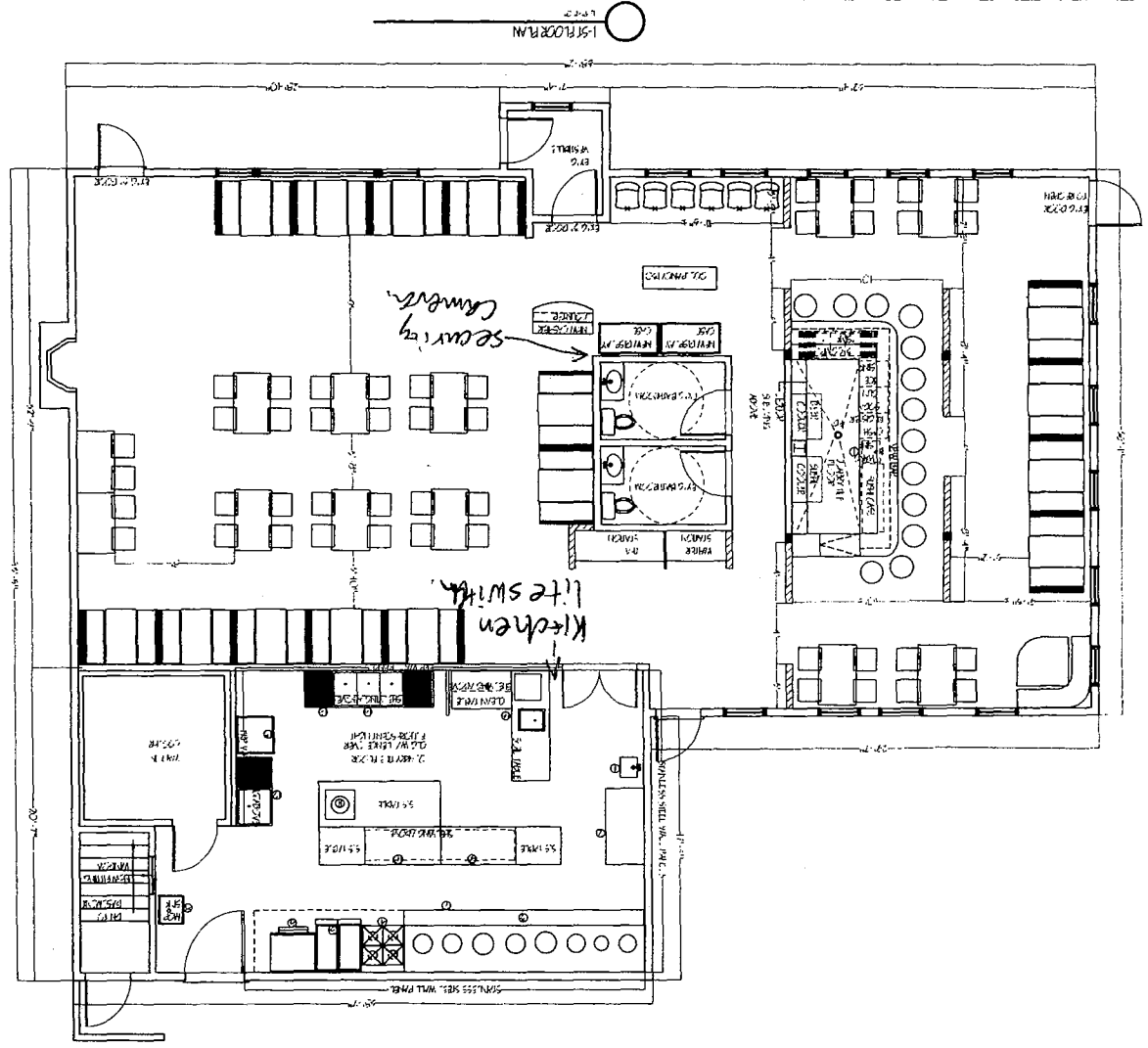
Owner

Spicepepper garden

36 Great Rd

Acton MA 01720

PROPOSED CHINESE RESTAURANT **36 GREAT ROAD** **ACTION, MA**



Room	Area (sq. ft.)	Notes
1. Kitchen	100	Includes sink, stove, and counter.
2. Bar	50	Includes bar counter and stools.
3. Dining Area	200	Includes tables and chairs.
4. Restrooms	20	Includes men's and women's restrooms.
5. Storage	10	Includes storage for dishes and linens.
6. Entry	10	Includes entryway and coat closet.
7. Office	10	Includes desk and chair.
8. Reception	10	Includes reception desk.
9. Waiting Area	10	Includes waiting chairs.
10. Exit	10	Includes exit door.

CODE SUMMARY

EXISTING BUILDING

BUILDING TOTAL: 7,100 SF

USE GROUP: A-5 (NO CHANGE)

CONSTRUCTION TYPE

FULLY SPRINKLED

PROPOSED CHINESE RESTAURANT

36 GREAT ROAD

ACTION, MA

116 South Street Boston MA 02111

617-337-5544

617-337-5544

617-337-5544

A-0

1-5th Floor Plan

Project No. 29047

Scale: AS NOTED

Date: 08-03-09

Drawn By: E.A.

Checked By: [Signature]

THE UNITED STATES OF AMERICA

No. 23524406

CERTIFICATE OF



NATURALIZATION

Personal description of holder
as of date of naturalization:

INS Registration No. A42 493 235

Date of birth: AUGUST 13, 1960

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Sex: MALE

Hong An

(Complete and true signature of holder)

Height: 5 feet 07 inches

Marital status: MARRIED

Be it known that, pursuant to an application filed with the Attorney General

Country of former nationality:

at: HARTFORD, CT

CHINA, PEOPLE'S REPUBLIC

The Attorney General having found that:

HONG AN

then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws and was
entitled to be admitted to citizenship, such person having taken the oath of allegiance
in a ceremony conducted by the

U.S. DISTRICT COURT
FOR THE DISTRICT OF CONNECTICUT

at: NEW HAVEN, CT

on: OCT 10 1997

that such person is admitted as a citizen of the United States of America.



IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

Baris Meissner
Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE